

## ISDH 2003 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

**Select Specialty Hospital – Northwest Indiana, Inc.**

City: Hammond County: Lake Year: 2003

Provider Type: Acute Long Term Care

<b>I. Inpatient Care</b>				
<b>Hospital Service Description</b>	<b>Number of Set Up Beds</b>	<b>Number of Discharges</b>	<b>Number of Patient Days</b>	<b>Average Charge Per Discharge</b>
Burn Care	0	0	0	\$0
Cardiac Intensive	0	0	0	\$0
ICU Med/Surg	0	0	0	\$0
ICU Neonatal	0	0	0	\$0
ICU Pediatric	0	0	0	\$0
Medical/Surgical	70	490	15,602	\$79,777
Neonatal Intermed	0	0	0	\$0
Obstetrics	0	0	0	\$0
Pediatric	0	0	0	\$0

Psychiatric	0	0	0	\$0
Rehabilitation	0	0	0	\$0
Substance Abuse	0	0	0	\$0
Swing Beds	NA	0	0	\$0
Other Services	70	140	15,602	NA
Acute Subtotal	140	980	31,204	NA
Normal Newborn	0	0	0	\$0

<b>II. Outpatient Visits</b>			
Circulatory System	38	Digestive System	11
Endocrine System	5	Injuries and Poison	1
Mental Disorder	2	Musculoskeletal	19
Neoplasms	2	Nervous	19
Respiratory	118	Urinary	34
Other/Unknown	221	Total Visits	470
Number of Visits to Emergency Department			0
Percent of Emergency Department Visits of Total Visits			0.0%

# Identification of Hospital Services

Each hospital has identified if it has one or more of a standard list of 41 services. This list of services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment.

Y - Acute Renal Dialysis	N - Alcohol/Drug Service	N - Anesthesia Services
Y - Blood Bank	N - Burn Care Unit	N - Chiropractic Service
N - Coronary Care Unit	N - Dental Services	Y - Dietetic Services
N - Emergency Service	N - Home Care Program	N - Hospice
N - Inpatient Surgical Services	N - Intensive Care Unit	Y - Laboratory(Clinical)
N - Laboratory(Anatomical)	N - Long Term Care Unit	N - Neonatal Nursery
N - Nuclear Medicine Services	N - Obstetrics Services	
Y - Occupational Therapy	N - Open Heart Surgery	N - Operating Room
N - Optometric Service	N - Organ Bank	N - Organ Transplant
Y - Outpatient Service	N - Outpatient Surgery Unit	N - Pediatric Services
Y - Pharmacy	Y - Physical Therapy	N - Postoperative Recovery
N - Psychiatric Services	Y - Radiology(Diagnostic)	Y - Radiology(Therapeutic)
N - Rehabilitation Services	Y - Respiratory Services	N - Self Care Unit
N - Shock Trauma	Y - Social Services	Y - Speech Pathology

NA =	Not applicable	NMF =	No meaningful figure	NR =	Not reported
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